

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

JOSEPHINE HEDRICK

Debtor(s)

Case No. 16-15910

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 05/10/2016.
- 2) The plan was confirmed on 07/26/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 06/27/2017.
- 6) Number of months from filing to last payment: 10.
- 7) Number of months case was pending: 15.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor \$4,461.23  
Less amount refunded to debtor \$0.00

**NET RECEIPTS: \$4,461.23**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan \$367.82  
Court Costs \$0.00  
Trustee Expenses & Compensation \$186.26  
Other \$0.00

**TOTAL EXPENSES OF ADMINISTRATION: \$554.08**

Attorney fees paid and disclosed by debtor: \$0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADVOCATE MEDICAL GROUP	Unsecured	360.00	NA	NA	0.00	0.00
ADVOCATE SOUTH SUBURB HOSPIT	Unsecured	2,504.00	NA	NA	0.00	0.00
ASHRO	Unsecured	312.00	NA	NA	0.00	0.00
CHASE BANK	Unsecured	96.00	NA	NA	0.00	0.00
CHECK INTO CASH	Unsecured	300.00	NA	NA	0.00	0.00
CHESTINNE NOWAK & HENRY NOW	Unsecured	2,790.00	4,307.00	4,307.00	0.00	0.00
CHRIST HOSPITAL	Unsecured	500.00	NA	NA	0.00	0.00
CITY OF BLUE ISLAND	Unsecured	50.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENU	Unsecured	240.00	412.80	412.80	0.00	0.00
CITY OF COUNTRY CLUB HILLS	Unsecured	200.00	NA	NA	0.00	0.00
CMRE FINANCE	Unsecured	85.00	NA	NA	0.00	0.00
COMCAST	Unsecured	329.00	NA	NA	0.00	0.00
COMCAST	Unsecured	715.00	NA	NA	0.00	0.00
COMMONWEALTH EDISON	Unsecured	604.00	NA	NA	0.00	0.00
COOK COUNTY HEALTH & HOSPITAL	Unsecured	404.00	NA	NA	0.00	0.00
FOUNDATION RADIOLOGY GROUP	Unsecured	45.00	NA	NA	0.00	0.00
FULTON STATION C O BISHOP PARK	Unsecured	3,024.00	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	55.00	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	134.00	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	185.00	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	347.00	NA	NA	0.00	0.00
METROSOUTH MEDICAL CENTER	Unsecured	NA	1,480.29	1,480.29	0.00	0.00
MEYER EYE CARE	Unsecured	221.00	NA	NA	0.00	0.00
MIDLAND FUNDING	Unsecured	300.00	300.38	300.38	0.00	0.00
PAYDAY LOAN STORE	Unsecured	500.00	702.85	702.85	0.00	0.00
PERITUS PORTFOLIO SERVICES	Secured	6,075.00	23,036.60	23,036.60	2,981.78	925.37
PERITUS PORTFOLIO SERVICES	Unsecured	8,050.00	NA	NA	0.00	0.00
QUINLAN & FABISH MUSIC CO	Secured	NA	813.62	813.62	0.00	0.00
QUINLAN & FABISH MUSIC CO	Unsecured	775.00	NA	813.62	0.00	0.00
RADIOLOGY IMAGING CONSULT	Unsecured	550.00	NA	NA	0.00	0.00
Regional Recovery Serv	Unsecured	221.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
SPRINT NEXTEL	Unsecured	NA	968.00	968.00	0.00	0.00
ST IL TOLLWAY AUTHORITY	Unsecured	215.00	NA	NA	0.00	0.00
WOW CHICAGO	Unsecured	496.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$23,036.60	\$2,981.78	\$925.37
All Other Secured	\$813.62	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$23,850.22</b>	<b>\$2,981.78</b>	<b>\$925.37</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$8,984.94</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$554.08</u>
Disbursements to Creditors	<u>\$3,907.15</u>
<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$4,461.23</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 08/01/2017

By: /s/ Tom Vaughn

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Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.